Choices for Care Evaluation

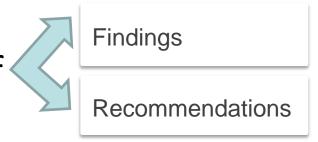
Laney Bruner-Canhoto
Cheryl Cumings



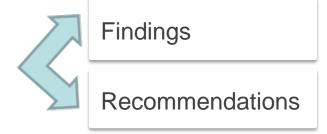
Objectives

Explain Role in Evaluation

Describe ADRD Policy Brief



Describe Evaluation Report



Ask for Assistance

UMMS Role in Evaluation

Develop Evaluation Plan Implements
Evaluation Plan

Independent Evaluator

Researches
Policy Issues
for CFC

Provides
Technical
Assistance

ADRD Policy Brief Methods





Benefits

Choice and options

24 hour options in facility settings

Implementation of Adult Family Care

Overall Quality of CFC Services

Good

Excellent

Findings

Challenges

Current HCBS options



Winnowing of choice to facility options

Cognitive Assessments in ILA



Process for requesting variance is unclear

Findings

Challenges

Maintaining
Continuity of Care:
non-medical providers

Limited Transportation

Reluctance to accept services
Fear, Denial, Stigma

Findings

Service
Design &
Delivery

Service Planning

Worker Training

Caregiver Training Choices for Care & DAIL

Use of Behavioral Supports

Use of Psychotropic Medications

Findings

Service Design & Delivery

- Investigate residential habilitation, supportive living options and technological approaches for "closer to" 24 hour care
- Explore additional/flexible services by for Moderate Needs Individuals
- Create best practice forums for providers and stakeholders

Findings

Service Planning

- Encourage agencies and other stakeholders to develop toolkits and materials to facilitate planning
- Create toolkits and materials to encourage planning

Findings

Worker Training

 Establish and maintain a statewide ADRD training workgroup

Findings

- Participate in a workgroup to identify strategies to better meet the needs by shifting the culture toward person centered planning
- Use best practice forums to disseminate specific programs and trainings

Use of Behavioral Supports

Findings

- Work to review the role of nurses to assist with medication management in HCBS settings
- Use best practice forums to offer training

Use of Psychotropic medications

Findings

Caregiver Training

- Provide CFC-specific materials
- Work to develop various types of public awareness vehicles

Findings

Evaluation Report: Methods

34 Global Indicators

Focus on Relevant and Feasible Measures

Outcomes with Process

Secondary Data Reviews

Evaluation Key Findings

CFC maintained a high level of quality and satisfaction

 CFC increased in its ability to serve participants in the community

 CFC maintained good ratings of timeliness of service or sense of choice and control

Many settings met participants' needs

Evaluation Key Findings (con't)

- CFC remained budget neutral
- A decline in a key quality of life domain, the social life domain, emerged for the first time among HCBS participants
- Self-rated health remained steady

 Person-centered planning and direction is an area for improvement across settings.

Information Dissemination

Access

Effectiveness

Experiences with Care

Quality of Life

Waiting List

Budget Neutrality Health Outcomes

Service Array and Amounts

Information Dissemination

CFC maintained gains or improved related to listening to needs and preferences and control

Access

The eligibility measures related to access declined in terms of financial eligibility

Effectiveness

- Increasing numbers of Highest and High Needs participants living in home and community settings
- No waiting lists for High Needs participants
- CFC has room for improvement related to meeting needs of Moderate Needs group

Experiences with Care

Quality of Life

Waiting List

- CFC maintained positive gains in courtesy and satisfaction
- Potential issue: problems and problem resolution within specific services (including Homemaker Services, Flexible Choices and Personal Care)
- HCBS QoL measures high: someone to listen, someone in an emergency and safety.
- NF/ERC QoL measures high: friendships with staff and safety
- QoL domains decreases in 2012: social life, personal goals and services and whether the help made life better for Homemaker and Personal Care
- No waiting list for the High needs group
- There is a Moderate Needs waiting list, even though there were unspent funds

Budget Neutrality

- Issue of savings: defined as unobligated funds
- CFC met budget neutrality requirements, while reinvesting unobligated funds strategically

Health Outcomes

CFC participants self-reported rating of health remained the same, with no decline

Service Array and Amounts

- In almost every setting, the number of individuals being served increased since 2006
- CFC is also implementing an additional HCBS setting, Adult Family Care

Access

Eligibility Determination System Challenges

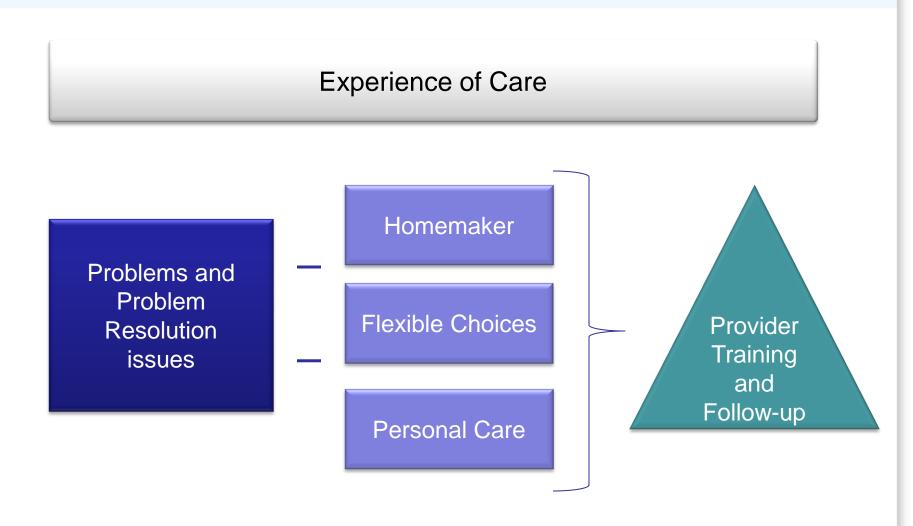
DCF

DAIL

Workgroup

Assess delays and timeliness ratings

Develop description of the eligibility determination process



Person – Centered Planning/ Quality of Life



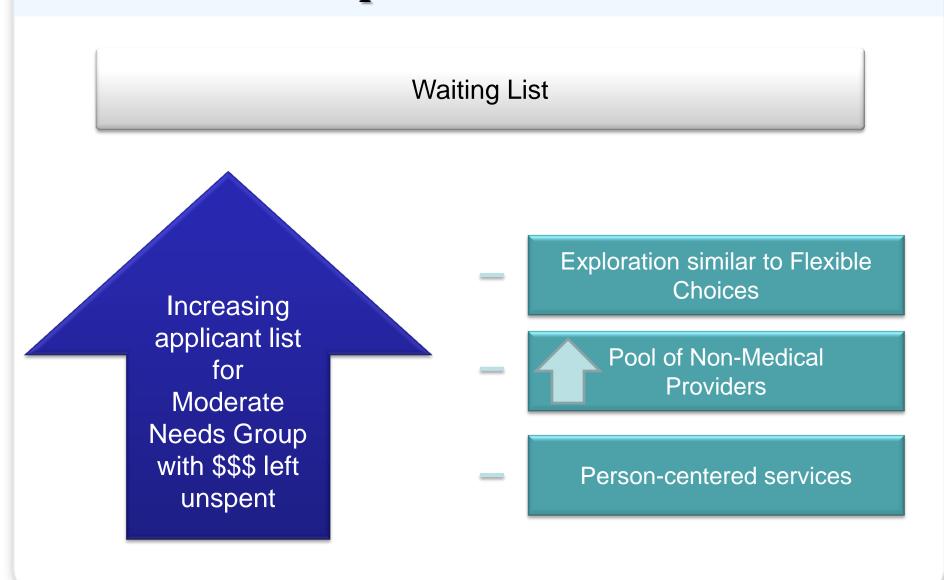
- Providers
- Participants
- Stakeholders



Emphasis Across
Continuum including
Moderate Needs

Independent Living Assessment

Review





Next Steps: Questions

What are unanswered/ unasked questions related to outcomes?

What are additional survey questions?

HCBS: Quality of Life

- Facility:
 - Health
 - Personal Goals
 - Overall quality of help received
 - Part of Planning
 - Choice of Setting



Next Steps: Policy Brief Topics

- Implementation and Process Evaluation of Adult Family Care
- Assessment and Service Authorization
- Person-Centered Planning
- Moderate Needs Group
- Assistive Technology
- Other Topics?



For More Information...

- Evaluation Reports
- Policy Briefs
- HCBS Consumer Surveys

Head over to.....

http://ddas.vermont.gov/ddaspublications/publicationscfc/evaluation-reports-consumersurveys/cfc-evaluation-rptsconsumer-surveys